



Saint Raphael the Archangel Catholic Church

To See as Christ Sees and Love as Christ Loves

BAPTISMAL CHRISTIAN WITNESS TESTIMONY FORM

I, _____, phone number _____,

(PRINT your Name)

testify by my signature below that I am qualified to serve as a Christian witness for baptism in the

Catholic Church for _____.

(PRINT Name of Infant/Child/Adult to be Baptized)

Please circle either YES or NO for each question that follows:

YES NO

Are you at least 16 years old?

(Contact the Office of Lifelong Faith Formation for exceptions.)

YES NO

Are you baptized in a Christian church?

Name of Church: _____

Address of Church: _____

Name of Baptizing Minister: _____

Date of Baptism: _____

Christian Witness Signature: _____